۶ - ۶	TATE	OF	NEW	MEXI	CO	
CHERGY	OMA	MINI	ERALS	OEP#	MTRA	ENT

-0. 04 607-10 516			
DISTRIBUTE			
SANTA FE			
FILE			
U.1.a.4.			
LAHO OFFICE			
TRAHEPONTER	OIL,		
	G A&		
GPERATOR			

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 . Page 1

GAS  OPERATOR  PAGIATUM OFFICE				EST FOR	10		WOAL C			
	AUTH	IORIZA"	HON TO	TRANSP	ORION	_ AND NAT	UKAL	' <b>P\</b> \	<b>,</b>	
Op. rotor		and the second				etaka ari <b>sas</b> a a pe <b>rili</b> ndakan sa - et		AFRZ	ייים אנו כל	
J. Felix Hickman_								OIL C	<del></del>	
Address										` .
	<u>irmingto</u>	<u>n, RM</u>	8749 <b>9</b>			100			<u> 31. 3</u>	
Reason(s) for liling (Check proper box		_				Other (Plea	ise expla	in)		
New Well Change in Transporter of:			Com Effective 5/1/85							
the same of the sa	Message B			ndensete	211000		, , , , ,	•		
Change in Ownership						<u> </u>				
I change of ownership give name and oddress of previous owner	·									
II. DESCRIPTION OF WELL AN	DIEASE					-				
Lease Name	Well	No. Poo	l Name, in	scluding Fo	nottent			of Lease		Lease No.
- Clark	7	Li	ndrith	Gallu	p-Dako	ta, West	. State,	, Federal or Fee	Federal	NM-03011
Location										
Unit Lutter 0 : 330	) _Feet	from Th	. Sou	ith Lin	• and2	310	Fee	t From The	ast	
<u></u>						-			Amaiba	<b>~</b> .
Line of Section 6 To	waship 2	24N	F	lange	3 <b>M</b>	, NM	PM,	- KIO	Arriba	County
THE PROPERTY AND ADDRESS OF TRANSPORT	napren (	DE OII	א מיט אי	ATTIRAT	GAS					
III. DESIGNATION OF TRANS	XXI	or Conde	Dagle [	HICKIL	Address	(Give addres	s to which	ch approved copy	of this form is	so be sens)
Giant Refining Company				P.O. Box 256 Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Ca	singhead Ga	• 🗆	or Dry Go	-s (XX)	Address	(Cive addre	is to which	h approved copy	of this form is	to be sent)
El Paso Natural (					7	.0. Box			on, NM 87	49 <b>9</b>
If well produces oil or liquids,	,	Sec.	Twp.	Rçe.	ls que o	ctually conn	ected?	When		
give location of tanks.	; 0 ;	6	:24N_	: 3W	<u> </u>	No		i		
If this production is commingled wi	ith that from	n any of	her leas	e or pool,	give com	mingling or	der numb	ber:		
NOTE: Complete Parts IV and										
VI. CERTIFICATE OF COMPLIA	NCE					OIL	CONS	ERVATION D	DIVISION	15
I hereby certify that the rules and regulat	ions of the C	il Consci	vation Div	ision have	APP	ROVED				. 19
been complied with and that the information given is true and complete to the best of my knowledge and belief.				BY						
				TITL	E		SUPERVISOR	DISTRICT # 3		
9 9					11		10 5-1	iled in complia	nce with soit	. £ 1104.
Am 1 Hans	_	Jir	n L. J	acobs_						Hed or despense

Geologist (Title) 4/23/85

(Signature)

(Date)

If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviatio: tests taken on the well in accordance with NULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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